

FROM McANDREWS, HELD, & MALLOY

(MON) 7. 11' 05 11:17/ST. 11:17/NO. 4861050715 P 1



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TO: M. Milord

FAX NO.: (703) 872-9306

Examiner, Group Art Unit 2682

FROM: Michael T. Cruz


USER ID: 8084

CLIENT: 1772

MATTER: 15258US06

Number of Pages This Transmission (Including Cover Page): 7

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number		09/698,550	
		Filing Date		October 27, 2000	
		First Named Inventor		Moloudi	
		Art Unit		2682	
		Examiner Name		M. Milord	
Total Number of Pages in This Submission		6	Attorney Docket Number		15258US06
ENCLOSURES (check all that apply)					
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request – one month – filed in duplicate <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences- <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) - filed in duplicate <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):	
Remarks					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
Firm	McAndrews Held & Malloy, Ltd.				
Signature	<i>Michael T. Cruz</i>				
Printed Name	Michael T. Cruz				
Date	July 11, 2005				
CERTIFICATE OF FAX TRANSMITTAL					
I hereby certify that this correspondence is being sent via facsimile to Examiner M. Milord at the United States Patent and Trademark Office, fax No. 703 872 9306, on July 11, 2005.					
Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636		
Signature	<i>Michael T. Cruz</i>	Date	July 11, 2005		

Effective on 12/08/2004. Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4816) <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2005</h3>		Complete if Known					
		Application Number	09/698,550				
		Filing Date	October 27, 2000				
		First Named Inventor	Moloudi				
		Examiner Name	M. Milord				
		Art Unit	2682				
		Attorney Docket No.	15258US08				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27							
TOTAL AMOUNT OF PAYMENT		(\$) 620.00					
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>13-0017</u> Deposit Account Name: <u>McAndrews Held & Malloy</u> For the above-identified deposit account, the Director is hereby authorized to (check all that apply)							
<input checked="" type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	120	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description				Small Entity			
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent				Fee (\$)		Fee (\$)	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent				50		25	
Multiple dependent claims				200		100	
Total Claims				360		180	
-20 or HP				Extra Claims		Fee (\$)	
HP = highest number of total claims paid for, if greater than 20				Fee Paid (\$)		Multiple Dependent Claims	
Indep. Claims				Fee (\$)		Fee Paid (\$)	
-3 or HP				Extra Claims		Fee (\$)	
HP = highest number of independent claims paid for, if greater than 3				Fee Paid (\$)		Fee Paid (\$)	
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets				Extra Sheets		Number of each additional 50 or fraction thereof	
-100				/50		(round up to a whole number)	
				Fee (\$)		Fee Paid (\$)	
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other: Notice of Appeal \$500; 1-mo. ext. of time \$120							
				Fee Paid (\$)		Fee Paid (\$)	
				620			
SUBMITTED BY							
Signature		<u>Michael T. Cruz</u>		Registration No.		44,636	
Name (print/type)		Michael T. Cruz		Telephone		(312) 775-8000	
				Date		July 11, 2005	

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